

REPORTS INVENTORY					CONTROL NO. 038																						
PREPARE IN DUPLICATE																											
1. TITLE OF REPORT (if a fill-in report include Form No.) <div style="border: 1px solid black; width: 200px; height: 15px; display: inline-block;"></div> Annual Inventory					2. TYPE OF REPORT <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"><input type="checkbox"/></td><td>STATISTICAL</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>NARRATIVE</td></tr> <tr><td><input type="checkbox"/></td><td>MACHINE-NAME LISTING 25X1</td></tr> </table>		<input type="checkbox"/>	STATISTICAL	<input checked="" type="checkbox"/>	NARRATIVE	<input type="checkbox"/>	MACHINE-NAME LISTING 25X1															
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3. FUNCTIONAL AREA		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"><input type="checkbox"/></td><td>PERSONNEL</td></tr> <tr><td><input type="checkbox"/></td><td>LOGISTICS</td></tr> <tr><td><input type="checkbox"/></td><td>MEDICAL</td></tr> </table>		<input type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	MEDICAL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"><input type="checkbox"/></td><td>TRAINING</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>SECURITY</td></tr> <tr><td><input type="checkbox"/></td><td>FINANCE</td></tr> </table>		<input type="checkbox"/>	TRAINING	<input checked="" type="checkbox"/>	SECURITY	<input type="checkbox"/>	FINANCE	ADMIN. GENERAL OTHER (specify)									
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4. NO. OF COPIES PREPARED <div style="text-align: center;">5</div>		5. FREQUENCY (weekly, monthly, quarterly, etc.) <div style="text-align: center;">Annual</div>		6. DISTRIBUTION (No. of components not number of copies) <div style="text-align: center;">3</div>																							
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"><input type="checkbox"/></td><td>YES</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>NO</td></tr> </table>		<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	9. DIRECTIVE AUTHORITY REQUIRING REPORT CIA Classification Control Office																			
<input type="checkbox"/>	YES																										
<input checked="" type="checkbox"/>	NO																										
10. PREPARING COMPONENT (include lowest level contributing information to report) <div style="text-align: center;">Operations Branch</div>			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) <div style="text-align: center;">One</div>																								
12. COST FACTORS																											
A. MANUAL PREPARATION AND REVIEW COSTS																											
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR																		
GS-12	\$6.82		8		\$54.56		1		\$54.56																		
GS-05	3.15		4		12.60		1		12.60																		
									\$67.16																		
B. COSTS OF COMPUTER PRODUCED REPORTS																											
N/A																											
TOTAL COSTS PER YEAR								\$67.16																			
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Report prepared at command direction. <div style="text-align: right;">25X1 25X1</div>																											
14. FUTURE GOALS																											
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"><input checked="" type="checkbox"/></td><td>RETAIN AS IS</td><td><input type="checkbox"/></td><td>OTHER (explain)</td></tr> <tr><td><input type="checkbox"/></td><td>CHANGE</td><td colspan="2"></td></tr> <tr><td><input type="checkbox"/></td><td>DISCONTINUE</td><td colspan="2"></td></tr> </table>							<input checked="" type="checkbox"/>	RETAIN AS IS	<input type="checkbox"/>	OTHER (explain)	<input type="checkbox"/>	CHANGE			<input type="checkbox"/>	DISCONTINUE			ESTIMATED SAVINGS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td>MAN-HOURS</td><td>DOLLARS</td></tr> <tr><td></td><td>0</td><td>0</td></tr> </table>				MAN-HOURS	DOLLARS		0	0
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	0	0																									
16. DATE OF INVENTORY 30 September 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> Chief, Ops Br., PhySD						18. EXTENSION <div style="border: 1px solid black; width: 50px; height: 15px; display: inline-block;"></div>																			